## Case 19-55956-pwb Doc 1 Filed 04/16/19 Entered 04/16/19 15:22:51 Desc Main Document Page 1 of 47

| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Loique First name  Valdez Middle name  Tchio Dega Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Loique V Tchio Dega  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-7193  |   |

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|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 1620 Lake Point Dr<br>Stone Mountain, GA 30088  |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | DeKalb  |  |  |  |  |
|  |   | County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |  |  |  |
|  |   | 1470 Taylor Oaks Dr<br>Roswell, GA 30076  |  |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |  |  |
|  |   |   |  |  |  |  |

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Case number (if known)

Debtor 1 Loique Valdez Tchio Dega

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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Case number (if known) Debtor 1 Loique Valdez Tchio Dega

| ar  | Report About Any Bu   | sinesses `             | You Own  | as a Sole Proprie  | tor   |  |  |
|-----|---|------------------------|--|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.  |   |  |  |
|     |   | ☐ Yes.                 | Name   | and location of bus  | iness   |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | of business, if any  |   |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb   | er, Street, City, Stat   | te & ZIP Code   |  |  |
|     | it to this petition.  |                        | Check  | the appropriate bo   | x to describe your business:  |  |  |
|     |   |                        |  | Health Care Busir  | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|     |   |                        |  | Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|     |   |                        |  | Stockbroker (as d  | efined in 11 U.S.C. § 101(53A))   |  |  |
|     |   |                        |  | Commodity Broke  | er (as defined in 11 U.S.C. § 101(6))   |  |  |
|     |   |                        |  | None of the above  |   |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | s. If you in<br>is, cash-flo   | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate it. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .C. 1116(1)(B). |   |  |  |
|     | For a definition of small   | No.                    | I am n   | ot filing under Chap   | oter 11.  |  |  |
|     | business debtor, see 11<br>U.S.C. § 101(51D).   | □ No.                  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |  |   |  |  |
|     |   | ☐ Yes.                 | I am fi  | ling under Chapter   | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| art | t 4: Report if You Own or   | Have Any               | Hazardo  | us Property or An  | y Property That Needs Immediate Attention   |  |  |
| 14. | Do you own or have any  | ■ No.                  |  |  |   |  |  |
|     | property that poses or is alleged to pose a threat of imminent and  | Yes.                   | What is t  | he hazard?   |   |  |  |
|     | identifiable hazard to public health or safety? Or do you own any   |                        |  |  |   |  |  |
|     | property that needs immediate attention?  |                        |  | iate attention is why is it needed?  |   |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is   | the property?  |   |  |  |
|     |   |                        |  |  | Number, Street, City, State & Zip Code  |  |  |

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Debtor 1 Loique Valdez Tchio Dega

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. 

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

| <b>About Debtor 2</b> | (Spouse | Only in a | Joint | Case): |
|-----------------------|---------|-----------|-------|--------|
|-----------------------|---------|-----------|-------|--------|

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Loique Valdez Tchio Dega Case number (if known)

| Part | 6: Answer These Questi   | ons for R  | eporting Purposes   |   |  |  |  |
|------|--|--|---|---|--|--|--|
| 16.  | What kind of debts do you have?  | 16a.   |   | consumer debts? Consumer debts a ersonal, family, or household purpose."            | re defined in 11 U.S.C. § 101(8) as "incurred by an  |  |  |
|      |  |  | □ No. Go to line 16b.   |   |  |  |  |
|      |  |  | Yes. Go to line 17.   |   |  |  |  |
|      |  | 16b.   |   | business debts? Business debts are neestment or through the operation of the        |  |  |  |
|      |  |  | □ No. Go to line 16c.   |   |  |  |  |
|      |  |  | ☐ Yes. Go to line 17.   |   |  |  |  |
|      |  | 16c.   | State the type of debts you   | u owe that are not consumer debts or b  | usiness debts  |  |  |
| 17.  | Are you filing under<br>Chapter 7?                                     | □ No.  | I am not filing under Chapt   | ter 7. Go to line 18.   |  |  |  |
|      | Do you estimate that after any exempt property is excluded and         | ■ Yes.   | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |   |  |  |  |
|      | administrative expenses are paid that funds will                       |  | ■ No  |   |  |  |  |
|      | be available for distribution to unsecured creditors?                  |  | ☐ Yes   |   |  |  |  |
| 18.  | How many Creditors do  | <b>1</b> -49   |   | □ 1,000-5,000   | □ 25,001-50,000  |  |  |
|      | you estimate that you owe?   | □ 50-99  |   | <u></u> 5001-10,000   | <u> </u>   |  |  |
|      |  | ☐ 100-199<br>☐ 200-999   |   | ☐ 10,001-25,000   | ☐ More than100,000   |  |  |
| 19.  | How much do you  | <b>\$0 - \$50,000</b>  |   | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion  |  |  |
|      | estimate your assets to be worth?                                      |  | 01 - \$100,000  | ☐ \$10,000,001 - \$50 million   | ☐ \$1,000,000,001 - \$10 billion   |  |  |
|      | SC WOITH.  |  | 001 - \$500,000   | □ \$50,000,001 - \$100 million  |  |  |  |
|      |  | <b>□</b> \$500,0   | 001 - \$1 million   | □ \$100,000,001 - \$500 millio  | on Liviore trian \$50 billion  |  |  |
| 20.  | How much do you  | <b>S</b> 0 - \$  | 50,000  | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion  |  |  |
|      | estimate your liabilities to be?                                       | □ \$50,0   | 001 - \$100,000   | □ \$10,000,001 - \$50 million   |  |  |  |
|      |  |  | 001 - \$500,000<br>001 - \$1 million  | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                      | _ · · · · ·  |  |  |
|      |  | <b>—</b> \$500,0   |   |   |  |  |  |
| Part | 7: Sign Below  |  |   |   |  |  |  |
| For  | you  | I have ex  | amined this petition, and I d   | declare under penalty of perjury that the   | e information provided is true and correct.  |  |  |
|      |  |  |   |   | ligible, under Chapter 7, 11,12, or 13 of title 11, nd I choose to proceed under Chapter 7.        |  |  |
|      |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |   |  |  |  |
|      |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |   |  |  |  |
|      |  | I understa<br>bankrupto<br>and 3571  | cy case can result in fines u   | ent, concealing property, or obtaining m<br>up to \$250,000, or imprisonment for up | oney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |
|      |  | Loique   | ue Valdez Tchio Dega<br>Valdez Tchio Dega<br>e of Debtor 1  | Signature of  | Debtor 2   |  |  |
|      |  | Executed   | on Anril 16 2019  | Executed on   |  |  |  |
|      | Executed on April 16, 2019 Executed on MM / DD / YYYY   MM / DD / YYYY |  |   |   |  |  |  |

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Debtor 1 Loique Valdez Tchio Dega

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Case number (if known)

| /s/ E. Sloa                            | ne Tait, GA Bar No.     | Date          | April 16, 2019    |
|--|-------------------------|---------------|-------------------|
| Signature of                           | Attorney for Debtor     |               | MM / DD / YYYY    |
| E. Sloane                              | Tait, GA Bar No. 716741 |               |                   |
| Clark & Wa                             | ashington, L.L.C.       |               |                   |
| 3300 North<br>Building 3<br>Atlanta, G |                         |               |                   |
|  | City, State & ZIP Code  |               |                   |
| Contact phone                          | 770-488-9338            | Email address | cworders@cw13.com |
| GA                                     |                         |               |                   |
| Bar number & St                        | tate                    |               |                   |

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| Fill      | in this inf  | ormation to identify you  | ur case:  |   |                       |                            |   |  |
|-----------|--|---|---|---|-----------------------|----------------------------|---|--|
| Deb       | otor 1   | Loique Valdez   |   |   |                       | _                          |   |  |
| Dok       | otor 2   | First Name  | Middle Name   | Last Name   |                       |                            |   |  |
|           | use if, filing)  | First Name  | Middle Name   | Last Name   |                       | -                          |   |  |
| Uni       | ted States   | Bankruptcy Court for the  | : NORTHERN DISTRICT   | OF GEORGIA - ATLAN                                | ITA DIVISION          | _                          |   |  |
| Cas       | se number  |   |   |   |                       |                            |   |  |
|           | own)   |   |   |   |                       |                            | heck if this is an<br>mended filing                   |  |
|           |  | Form 107  | Affairs for Indivi  | duals Filing f                                    | or Bankrur            | ntcv                       | 4/1   |  |
| Be a      | s complet  | te and accurate as pos  | sible. If two married people<br>I, attach a separate sheet to                       | are filing together, bo                           | th are equally res    | sponsible for supp         | olying correct  |  |
| Par       | t 1: Giv   | e Details About Your M  | larital Status and Where Yo   | u Lived Before                                    |                       |                            |   |  |
| 1.        | What is y  | our current marital stat  | us?   |   |                       |                            |   |  |
| ■ Married |  |   |   |   |                       |                            |   |  |
|           | _  | ied<br>married  |   |   |                       |                            |   |  |
| 2.        | During th  | ring the last 3 years, have you lived anywhere other than where you live now? |   |   |                       |                            |   |  |
|           | □ No   | 1 No  |   |   |                       |                            |   |  |
|           | _  | List all of the places you  | lived in the last 3 years. Do r   | not include where you li                          | ve now.               |                            |   |  |
|           | Debtor 1   | Prior Address:  | Dates Debtor 1 lived there  | Dates Debtor 1 Debtor 2 Prior Addr                |                       |                            | Dates Debtor 2<br>lived there                         |  |
|           | Apt 88   | entral Dr<br>Mountain, GA 30083   | From-To:<br><b>06/2017 - 02/</b> :  | ☐ Same as l                                       | Debtor 1              |                            | ☐ Same as Debtor 1<br>From-To:                        |  |
|           |  | nylor Oaks Dr<br>I, GA 30076  | From-To:<br><b>2001 - 06/201</b>  | Same as l   | Debtor 1              |                            | ☐ Same as Debtor 1<br>From-To:                        |  |
|           |  |   | ever live with a spouse or le<br>alifornia, Idaho, Louisiana, No                    |   |                       |                            |   |  |
|           | ■ No   |   |   |   |                       |                            |   |  |
|           | ☐ Yes.   | Make sure you fill out So   | chedule H: Your Codebtors (C  | Official Form 106H).                              |                       |                            |   |  |
| Par       | t 2 Exp  | olain the Sources of Yo   | ur Income   |   |                       |                            |   |  |
| 4.        | Did you h  | nave any income from e<br>total amount of income y                            | mployment or from operation received from all jobs and have income that you receive | all businesses, includir                          | ng part-time activiti | ies.                       | dar years?  |  |
|           | _  | 3 ,   | ,   | ,,,,  |                       |                            |   |  |
|           | No     No | Fill in the details.  |   |   |                       |                            |   |  |
|           | 165.   | i iii iii uic ucialis.  |   |   |                       |                            |   |  |
|           |  |   | Debtor 1  |   | Debtor 2              |                            |   |  |
|           |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions<br>exclusions) |                       | of income<br>I that apply. | Gross income<br>(before deductions<br>and exclusions) |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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|     |                            |                                     |   | Debtor 1   |   | Debtor 2   |   |   |
|-----|----------------------------|-------------------------------------|---|--|---|--|---|---|
|     |                            |                                     |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of inc<br>Check all that a                                 |   | Gross income<br>(before deductions<br>and exclusions) |
|     |                            | 1 of curre                          | nt year until<br>ikruptcy:  | ■ Wages, commissions, bonuses, tips  | \$4,000.00  | ☐ Wages, com bonuses, tips   | missions,                               |   |
|     |                            |                                     |   | ☐ Operating a business   |   | ☐ Operating a  | business                                |   |
|     | · last calen<br>nuary 1 to | dar year:<br>December               | 31, 2018 )  | ■ Wages, commissions, bonuses, tips  | \$22,000.00   | ☐ Wages, com bonuses, tips   | missions,                               |   |
|     |                            |                                     |   | ☐ Operating a business   |   | ☐ Operating a  | business                                |   |
|     |                            | dar year be<br>December             |   | ■ Wages, commissions, bonuses, tips  | \$14,000.00   | ☐ Wages, com<br>bonuses, tips                                      | missions,                               |   |
|     |                            |                                     |   | ☐ Operating a business   |   | ☐ Operating a  | business                                |   |
|     | ■ No                       | source and t                        | -   | me from each source separat  | ely. Do not include income t  | hat you listed in lin  | e 4.                                    |   |
|     |                            |                                     |   | 5.1.   |   | D 1/ 0   |   |   |
|     |                            |                                     |   | Debtor 1 Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)  | Debtor 2<br>Sources of inc<br>Describe below                       |   | Gross income<br>(before deductions<br>and exclusions) |
| Par | t 3: List                  | Certain Pa                          | vments You  | Made Before You Filed for B  | ,   |  |   |   |
| 6.  | Are either ☐ No.           | Neither Deindividual puring the No. | ebtor 1 nor Deprimarily for a 90 days before Go to line 7 List below 6 paid that crunot include | es debts primarily consumer pettor 2 has primarily consumer personal, family, or household per you filed for bankruptcy, did to the creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/22 and every 3 years | mer debts. Consumer debted purpose."  d you pay any creditor a total d a total of \$6,825* or more its for domestic support oblighis bankruptcy case. | il of \$6,825* or moi<br>in one or more pay<br>gations, such as ch | re?<br>/ments and th<br>illd support an | ne total amount you<br>nd alimony. Also, do           |
|     | ■ Yes.                     | During the                          |   | r both have primarily consure you filed for bankruptcy, did  |   | l of \$600 or more?  | <b>)</b>                                |   |
|     |                            | □ No.<br>■ Yes                      | include pay   | each creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.   |   |  |   |   |
|     | Creditor'                  | s Name and                          | d Address   | Dates of payme   | nt Total amount   | Amount you   | Was this p                              | ayment for  |

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|     | Creditor's Name and Address  | Dates of payment   | Total amount paid   | Amount you still owe    | Was this pa   | yment for   |  |  |
|-----|--|--|---|-------------------------|---|---|--|--|
|     | Bridgecrest<br>P.O. Box 53087<br>Phoenix, AZ 85072   | 01/2019, 02/2019,<br>03/2019, 04/2019                        | \$1,640.00  | \$16,364.00             | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | ard<br>payment                                      |  |  |
| 7.  | Within 1 year before you filed for bankrupto<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1<br>alimony.    | ortners; relatives of any ger<br>control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which you    | ou are a genera   | al partner; corporations<br>gent, including one for |  |  |
|     | No   |  |   |                         |   |   |  |  |
|     | Yes. List all payments to an insider.  |  |   |                         |   |   |  |  |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid   | Amount you<br>still owe | Reason for  | this payment  |  |  |
| 8.  | Within 1 year before you filed for bankrupto   | cv. did vou make anv pav                                     | ments or transfer a                                       | any property on a       | account of a de   | ebt that benefited an                               |  |  |
|     | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider? Include payments on debts guaranteed or cosigned by an insider.  No |  |   |                         |   |   |  |  |
|     | ☐ Yes. List all payments to an insider   |  |   |                         |   |   |  |  |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid   | Amount you still owe    | Reason for Include cred                                     | this payment<br>itor's name                         |  |  |
| Pai | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures   |   |                         |   |   |  |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |  |   |                         |   |   |  |  |
|     | Case title   | Nature of the case   | Court or agency   |                         | Status of th  | e case  |  |  |
|     | Case number  |  |   |                         |   |   |  |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                                  | cy, was any of your property.  Describe the Property         | erty repossessed, f                                       | oreclosed, garni        |   | I, seized, or levied?  Value of the                 |  |  |
|     |  | Explain what happened  | d   |                         |   | property  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No  Yes. Fill in the details.  |  | luding a bank or fir                                      | nancial institutio      | n, set off any a  | mounts from your                                    |  |  |
|     | Creditor Name and Address  | Describe the action the                                      | e creditor took   | Date<br>take            | action was  | Amount  |  |  |
| 12. | court-appointed receiver, a custodian, or a  |  | erty in the possess                                       | ion of an assigne       | ee for the bene   | fit of creditors, a                                 |  |  |
|     | ☐ Yes  |  |   |                         |   |   |  |  |

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| Pa  | rt 5: List Certain Gifts and Contribution  | s                     |  |                          |                                      |  |  |  |  |  |
|-----|--|-----------------------|--|--------------------------|--------------------------------------|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  ■ No □ Yes. Fill in the details for each gift.   |                       |  |                          |                                      |  |  |  |  |  |
|     | Gifts with a total value of more than \$60 per person  | 0                     | Describe the gifts   | Dates you gave the gifts | Value                                |  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |                       |  |                          |                                      |  |  |  |  |  |
| 14. | No   |                       | lid you give any gifts or contributions with a tota  | al value of more than    | \$600 to any charity?                |  |  |  |  |  |
|     | Yes. Fill in the details for each gift or c  |                       |  | <b>D</b> (               |                                      |  |  |  |  |  |
|     | Gifts or contributions to charities that t<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code   |                       | Describe what you contributed  | Dates you contributed    | Value                                |  |  |  |  |  |
| Pa  | rt 6: List Certain Losses  |                       |  |                          |                                      |  |  |  |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?   | ptcy or               | since you filed for bankruptcy, did you lose any   | thing because of the     | ft, fire, other disaster             |  |  |  |  |  |
|     | □ No   | $\Pi$ No              |  |                          |                                      |  |  |  |  |  |
|     | Yes. Fill in the details.  |                       |  |                          |                                      |  |  |  |  |  |
|     |  |                       | be any insurance coverage for the loss   | Date of your             | Value of property                    |  |  |  |  |  |
|     | how the loss occurred Inclu  |                       | the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.   | loss                     | lost                                 |  |  |  |  |  |
|     | Car was totaled in a car accident  | No ins                | surance coverage. Debtor was at fault  | 12/2018                  | \$17,000.00                          |  |  |  |  |  |
|     | consulted about seeking bankruptcy or place any attorneys, bankruptcy petition point include any attorneys.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You Clark & Washington, LLC 3300 Northeast Expressway Building 3 | ptcy, die<br>preparin | d you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services require  Description and value of any property transferred  Chapter 7 Filing Fee |                          | rty to anyone you  Amount of payment |  |  |  |  |  |
|     | Atlanta, GA 30341  CIN Legal Data Services Box 88229  Milwaukee, WI 53288  |                       | Various Pre-bankruptcy Services  | 03/2019                  | \$70.00                              |  |  |  |  |  |

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| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors to not include any payment or transfer that you list   | or to make payments  |                             |              | / or transfer any prope                                      | rty to anyone who                             |  |  |  |  |
|-----|--|--|-----------------------------|--------------|--|---|--|--|--|--|
|     | Yes. Fill in the details.  |  |                             |              |  |   |  |  |  |  |
|     | Person Who Was Paid Address  | Description and v  | alue of any prop            | perty        | Date payment or transfer was                                 | Amount of payment                             |  |  |  |  |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already lind No | iness or financial affa<br>e as security (such as t                      | airs?<br>he granting of a s |              |  |   |  |  |  |  |
|     | Yes. Fill in the details.  |  |                             |              |  |   |  |  |  |  |
|     | Person Who Received Transfer Address   | Description and v  |                             | paymen       | e any property or<br>ts received or debts<br>exchange        | Date transfer was made                        |  |  |  |  |
|     | Person's relationship to you   |  |                             |              |  |   |  |  |  |  |
|     | Car Brain  | 2018 Toyota Co<br>been totaled ou<br>Junk                                |                             | \$250 in     | cash   | 01/2019                                       |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No  |  | y property to a             | self-settled | trust or similar device                                      | of which you are a                            |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |                             |              |  |   |  |  |  |  |
|     | Name of trust  | Description and v  | alue of the prop            | erty transfe | erred  | Date Transfer was made                        |  |  |  |  |
| Par | tt 8: List of Certain Financial Accounts, Instru   | uments, Safe Deposit   | Boxes, and Sto              | orage Units  |  |   |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No                               | other financial accou  | nts; certificates           | of deposit;  |  |   |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |                             |              |  |   |  |  |  |  |
|     |  | ast 4 digits of<br>ccount number   | Type of accou<br>instrument | c<br>r       | Date account was<br>closed, sold,<br>noved, or<br>ransferred | Last balance<br>before closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | r before you filed for   | bankruptcy, an              | y safe depo  | sit box or other deposi                                      | tory for securities,                          |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                             |              |  |   |  |  |  |  |
|     | Name of Financial Institution  | Who else had acc   | ees to it?                  | Describe th  | e contents   | Do you still                                  |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)   | Address (Number, S<br>State and ZIP Code)                                |                             | Describe tri | e coments  | have it?                                      |  |  |  |  |
| 22. | Have you stored property in a storage unit or p  | place other than your  | home within 1               | year before  | you filed for bankrupto                                      | y?  |  |  |  |  |
|     | ■ No   |  |                             |              |  |   |  |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |                             |              |  |   |  |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                             | Describe th  | e contents   | Do you still have it?                         |  |  |  |  |
|     |  | •  |                             |              |  |   |  |  |  |  |

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| Par | 19: Identify Property You Hold or Control for   | Someone Else  |                                       |                     |  |  |  |  |  |  |
|-----|---|---|---------------------------------------|---------------------|--|--|--|--|--|--|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any prope  | rty you borrowed from, are storing fo | r, or hold in trust |  |  |  |  |  |  |
|     | No  |   |                                       |                     |  |  |  |  |  |  |
|     | Yes. Fill in the details.   |   |                                       |                     |  |  |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Value               |  |  |  |  |  |  |
| Par | t 10: Give Details About Environmental Inform   | ation   |                                       |                     |  |  |  |  |  |  |
| For | the purpose of Part 10, the following definitions   | apply:  |                                       |                     |  |  |  |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface water, groun  |                                       |                     |  |  |  |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | sites.  | , , ,                                 |                     |  |  |  |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or   |   | s waste, nazardous substance, toxic   | substance,          |  |  |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that y   | ou know about, regardless of whe  | n they occurred.                      |                     |  |  |  |  |  |  |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liable   | under or in violation of an environm  | ental law?          |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                     |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)   | Environmental law, if you know it     | Date of notice      |  |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?   |   |                                       |                     |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                     |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)   | Environmental law, if you know it     | Date of notice      |  |  |  |  |  |  |
| 26. | Have you been a party in any judicial or admini   | lave you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. |                                       |                     |  |  |  |  |  |  |
|     | ■ No  |   |                                       |                     |  |  |  |  |  |  |
|     | Yes. Fill in the details.   |   |                                       |                     |  |  |  |  |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case  |  |  |  |  |  |  |
| Par | t11: Give Details About Your Business or Cor  | ·   |                                       |                     |  |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have ar   | ny of the following connections to an | y business?         |  |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity  | , either full-time or part-time       |                     |  |  |  |  |  |  |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partnersh  | ip (LLP)                              |                     |  |  |  |  |  |  |
|     | ☐ A partner in a partnership  | ,   | ,                                     |                     |  |  |  |  |  |  |
|     | ☐ An officer, director, or managing execu   | tive of a corporation   |                                       |                     |  |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or  |   |                                       |                     |  |  |  |  |  |  |

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|               | No. None of the above applies. Go to F   | Part 12.  |   |  |  |  |  |  |  |
|---------------|--|---|---|--|--|--|--|--|--|
|               | Yes. Check all that apply above and fill in the details below for each business.       |   |   |  |  |  |  |  |  |
|               | Business Name Address (Number, Street, City, State and ZIP Code)                       | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.   |  |  |  |  |  |  |
|               | (, c, c <b>,</b> , c   | Name of accountant of bookkeeper                                      | Dates business existed  |  |  |  |  |  |  |
|               | Nithin 2 years before you filed for bankrupt nstitutions, creditors, or other parties. | cy, did you give a financial statement to a                           | nyone about your business? Include all financial  |  |  |  |  |  |  |
|               | No   |   |   |  |  |  |  |  |  |
|               | Yes. Fill in the details below.  |   |   |  |  |  |  |  |  |
|               | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                          | Date Issued   |   |  |  |  |  |  |  |
| Pari          | 12: Sign Below   |   |   |  |  |  |  |  |  |
| are t<br>with |  | false statement, concealing property, or o                            | declare under penalty of perjury that the answers<br>btaining money or property by fraud in connection<br>ars, or both. |  |  |  |  |  |  |
|               | oique Valdez Tchio Dega  |   |   |  |  |  |  |  |  |
|               | ue Valdez Tchio Dega<br>ature of Debtor 1  | Signature of Debtor 2   |   |  |  |  |  |  |  |
| Date          | April 16, 2019   | Date  |   |  |  |  |  |  |  |
| Did y ■ N □ Y |  | ent of Financial Affairs for Individuals Filin                        | g for Bankruptcy (Official Form 107)?   |  |  |  |  |  |  |
| Did y         | ou pay or agree to pay someone who is not  | an attorney to help you fill out bankrupto                            | y forms?  |  |  |  |  |  |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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|--|---|--|--|------------------------------|---|
| Fill in this inf   | formation to identify your  | case and this filing:  |  |                              |   |
| Debtor 1   | Loique Valdez Tc  | hio Dega   |  |                              |   |
|  | First Name  | Middle Name  | Last Name  |                              |   |
| Debtor 2<br>(Spouse, if filing)                                  | First Name  | Middle Name  | Last Name  |                              |   |
|  |   |  |  |                              |   |
| United States  | Bankruptcy Court for the:   | NORTHERN DISTRICT OF G   | EORGIA - ATLANTA DIVISI  | ON                           |   |
| Case number  |   |  |  |                              | ☐ Check if this is an   |
|  |   |  |  |                              | amended filing  |
|  |   |  |  |                              |   |
| Official E   | Form 106A/B   |  |  |                              |   |
| _  |   |  |  |                              |   |
| Schedu   | ule A/B: Prop   | erty   |  |                              | 12/15   |
| think it fits best<br>information. If n<br>Answer every q        | Be as complete and accura-<br>more space is needed, attach<br>juestion. | e items. List an asset only once. te as possible. If two married peo a separate sheet to this form. On                 | ple are filing together, both ar<br>the top of any additional page | e equally responsible for su | pplying correct   |
| Part III Descri  | ibe Each Residence, Building  | , Land, or Other Real Estate You   | Jwn or have an interest in   |                              |   |
| l. Do you own  | or have any legal or equitable  | interest in any residence, building  | ig, land, or similar property?                                     |                              |   |
| ■ No. Go to  | Part 2  |  |  |                              |   |
| _  | ere is the property?  |  |  |                              |   |
| ☐ Yes. Whe   | ere is the property?  |  |  |                              |   |
| Part 2: Descri   | ibe Your Vehicles   |  |  |                              |   |
| 3. Cars, vans  No Yes  | , trucks, tractors, sport ut  | ility vehicles, motorcycles  | ŕ  | ·                            |   |
| 3.1 Make:  | Chrysler  | Who has an interest in   | the property? Check one  | Do not deduct secured cl     |   |
| Model:   | 200   | ■ Debtor 1 only  |  | Creditors Who Have Clai      |   |
| Year:  | 2015  | Debtor 2 only  |  | Current value of the         | Current value of the  |
| • •  |   | Debtor 1 and Debtor  |  | entire property?             | portion you own?  |
| Other in   | nformation:   | At least one of the de   | btors and another  |                              |   |
|  |   | Check if this is com   | munity property  | \$10,925.00                  | \$10,925.00   |
| Examples: E  ■ No □ Yes  5 Add the de pages your  Part 3: Descri | Soats, trailers, motors, personal and House ibe Your Personal and House | rVs and other recreational versal watercraft, fishing vessels, four own for all of your entries write that number here | snowmobiles, motorcycle ac   | / entries for                | \$10,925.00  Current value of the cortion you own?  Do not deduct secured |
|  |   |  |  |                              | claims or exemptions.   |
| . Household  | goods and furnishings   |  |  |                              |   |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 Loique Valdez Tchio Dega Yes. Describe..... \$300.00 1 BR, LR, DR 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$200.00 1 TV, 1 Laptop, 1 Tablet, 2 Cellphones 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing \$100.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$10.00 Silver Chain 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$610.00 for Part 3. Write that number here .....

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

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Debtor 1

|    |   |  |  | claims or exemptions.    |
|----|---|--|--|--------------------------|
| 16 | Examples: Money you have in y  ☐ No  ☐ Yes                                | ·                                      | me, in a safe deposit box, and on hand when you file your petition   |                          |
|    |   |  | Cash   | \$60.00                  |
| 17 | institutions. If you ha   |  | unts; certificates of deposit; shares in credit unions, brokerage hous with the same institution, list each.                             | es, and other similar    |
|    | □ No ■ Yes  |  | Institution name:  |                          |
| _  | 17.1.   | Checking                               | Wells Fargo  | \$300.00                 |
|    | 17.2.   | Savings                                | Wells Fargo  | \$50.00                  |
| 18 | Bonds, mutual funds, or public<br>Examples: Bond funds, investment        |  | kerage firms, money market accounts  |                          |
|    | ☐ Yes   | Institution or issuer n                | ame:   |                          |
| 19 | <ul> <li>Non-publicly traded stock and joint venture</li> </ul>           | interests in incorpo                   | rated and unincorporated businesses, including an interest in  | an LLC, partnership, and |
|    | ■ No □ Yes. Give specific information Nat                                 | about them<br>me of entity:            | <br>% of ownership:  |                          |
| 20 | Negotiable instruments include  | personal checks, cash                  | ciable and non-negotiable instruments niers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. |                          |
|    | ☐ Yes. Give specific information  | about them<br>uer name:                |  |                          |
| 21 | . Retirement or pension accoun  Examples: Interests in IRA, ERIS  No      |  | 03(b), thrift savings accounts, or other pension or profit-sharing plan  | s                        |
|    | ☐ Yes. List each account separate Type                                    | tely.<br>of account:                   | Institution name:  |                          |
| 22 |   | ts you have made so                    | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies,               | or others                |
|    | ☐ Yes   |  | Institution name or individual:  |                          |
| 23 | <ul> <li>Annuities (A contract for a perio</li> <li>No</li> </ul>         | dic payment of money                   | y to you, either for life or for a number of years)  |                          |
|    |   | ne and description.                    |  |                          |
| 24 | . Interests in an education IRA, in 26 U.S.C. §§ 530(b)(1), 529A(b), ■ No | n an account in a qu<br>and 529(b)(1). | alified ABLE program, or under a qualified state tuition progra  | m.                       |
|    |   | name and description.                  | . Separately file the records of any interests.11 U.S.C. § 521(c):   |                          |
| 25 | Trusts, equitable or future inte  | rests in property (ot                  | her than anything listed in line 1), and rights or powers exercis  | able for your benefit    |

| De  | ebtor 1                  | Loique Valdez Tchio Dega  | Document                  | Page 18 of 47 Case number (if known)                         |   |
|-----|--------------------------|---|---------------------------|--|---|
|     | П Уес                    | Give specific information about them  |                           |  |   |
|     |                          | ·   |                           |  |   |
|     |                          | s, copyrights, trademarks, trade secre<br>oles: Internet domain names, websites, p  |                           |  |   |
|     | _                        | Give specific information about them  |                           |  |   |
|     | Examp<br>■ No            | es, franchises, and other general intar<br>oles: Building permits, exclusive licenses<br>Give specific information about them |                           | on holdings, liquor licenses, professional licenses          |   |
|     |                          |   |                           |  | Current value of the  |
| IVI | oney or                  | property owed to you?   |                           |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. |                          | unds owed to you  |                           |  |   |
|     | ■ No<br>□ Yes.           | Give specific information about them, inc   | cluding whether you alr   | eady filed the returns and the tax years                     |   |
|     |                          |   |                           |  |   |
| 29. |                          | support bles: Past due or lump sum alimony, spor  | usal support, child supp  | port, maintenance, divorce settlement, property set          | tlement   |
|     | _                        | Give specific information   |                           |  |   |
| 30. |                          | amounts someone owes you<br>oles: Unpaid wages, disability insurance p<br>benefits; unpaid loans you made to                  |                           | nefits, sick pay, vacation pay, workers' compensat           | ion, Social Security  |
|     | ■ No<br>□ Yes.           | Give specific information   |                           |  |   |
| 31. | Interes<br>Examµ<br>□ No | ets in insurance policies<br>oles: Health, disability, or life insurance; h   | nealth savings account    | (HSA); credit, homeowner's, or renter's insurance            |   |
|     | Yes.                     | Name the insurance company of each pe   | olicy and list its value. |  |   |
|     |                          | Company name:   |                           | Beneficiary:   | Surrender or refund<br>value:   |
|     |                          | Term Life polic   | y through State Fa        | m Natalie Metela   | \$0.00  |
| 32. | If you a some o          | one has died.   |                           | ied<br>nsurance policy, or are currently entitled to receive | property because  |
|     | ⊔ Yes.                   | Give specific information   |                           |  |   |
| 33. |                          | against third parties, whether or not poles. Accidents, employment disputes, in   |                           |  |   |
|     | ☐ Yes.                   | Describe each claim   |                           |  |   |
|     | ■ No                     |   | every nature, includi     | ng counterclaims of the debtor and rights to se              | t off claims  |
|     | ☐ Yes.                   | Describe each claim   |                           |  |   |
| 35. | Any fin  ■ No            | nancial assets you did not already list   |                           |  |   |
|     | ☐ Yes.                   | Give specific information   |                           |  |   |

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Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) Document Debtor 1 Loique Valdez Tchio Dega Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$410.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$0.00 Part 2: Total vehicles, line 5 \$10,925.00 57. Part 3: Total personal and household items, line 15 \$610.00

\$410.00

\$0.00

\$0.00

\$0.00

Copy personal property total

\$11,945.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 4: Total financial assets, line 36

60.

61.

Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

Part 6: Total farm- and fishing-related property, line 52

\$11,945.00

\$11,945.00

Official Form 106A/B Schedule A/B: Property page 5 Case 19-55956-pwb Doc 1 Filed 04/16/19 Entered 04/16/19 15:22:51 Desc Main

| Fill in this infor                      | mation to identify your |                   |                      |            |                                      |
|---|-------------------------|-------------------|----------------------|------------|--------------------------------------|
| Debtor 1 Loique Valdez Tchio Dega       |                         |                   |                      |            |                                      |
|   | First Name              | Middle Name       | Last Name            | ·          |                                      |
| Debtor 2                                |                         |                   |                      |            |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name            |            |                                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF GEORGIA - ATLANTA | A DIVISION |                                      |
| Case number _                           |                         |                   |                      |            | ☐ Check if this is an amended filing |
|   |                         |                   |                      |            | amended ming                         |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo      | ount of the exemption you claim                                 | Specific laws that allow exemption  |
|--------------------------------------|----------|---|---|
| Copy the value from<br>Schedule A/B  | Che      | ck only one box for each exemption.                             |   |
| \$10,925.00                          |          | \$5,000.00  | O.C.G.A. § 44-13-100(a)(3)  |
|                                      |          | 100% of fair market value, up to any applicable statutory limit |   |
| \$300.00                             |          | \$300.00  | O.C.G.A. § 44-13-100(a)(4)  |
|                                      |          | 100% of fair market value, up to any applicable statutory limit |   |
| \$200.00                             |          | \$200.00  | O.C.G.A. § 44-13-100(a)(4)  |
|                                      |          | 100% of fair market value, up to any applicable statutory limit |   |
| \$100.00                             |          | \$100.00  | O.C.G.A. § 44-13-100(a)(4)  |
|                                      |          | 100% of fair market value, up to any applicable statutory limit |   |
| \$10.00                              |          | \$10.00   | O.C.G.A. § 44-13-100(a)(5)  |
|                                      |          | 100% of fair market value, up to any applicable statutory limit |   |
|                                      | \$100.00 | \$100.00  | \$10,925.00  \$10,925.00  \$10,925.00  \$300.00  \$30 |

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Case number (if known)

| Denioi | Loique valuez i cilio Dega   |                                     |         |   | -                                  |
|--------|--|-------------------------------------|---------|---|------------------------------------|
|        | ief description of the property and line on<br>hedule A/B that lists this property |                                     |         |   | Specific laws that allow exemption |
|        |  | Copy the value from<br>Schedule A/B | Che     | eck only one box for each exemption.                            |                                    |
| -      | ash<br>ne from <i>Schedule A/B</i> : <b>16.1</b>                                   | \$60.00                             |         | \$60.00   | O.C.G.A. § 44-13-100(a)(6)         |
| LII    | io nom conedule 7/B. 1911  |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | hecking: Wells Fargo   | \$300.00                            |         | \$300.00  | O.C.G.A. § 44-13-100(a)(6)         |
| LII    | ie nom Schedule A/B. 11.1  |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | avings: Wells Fargo  | \$50.00                             |         | \$50.00   | O.C.G.A. § 44-13-100(a)(6)         |
| LII    | ie IIIIII Schedule A/B. 11.2   |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | erm Life policy through State Farm eneficiary: Natalie Metela                      | \$0.00                              |         | \$0.00  | O.C.G.A. § 44-13-100(a)(8)         |
|        | ne from <i>Schedule A/B</i> : <b>31.1</b>  |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every    |                                     |         | led on or after the date of adjustmer                           | nt.)                               |
|        | No   |                                     |         |   |                                    |
|        | Yes. Did you acquire the property covere   | ed by the exemption wi              | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|        | □ No   |                                     |         |   |                                    |
|        | ☐ Yes  |                                     |         |   |                                    |

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|                |   | Document  | Page 22          | of 47                |                         |               |
|----------------|---|---|------------------|----------------------|-------------------------|---------------|
| Fill in th     | nis information to identify yo              | our case:   |                  |                      |                         |               |
| Debtor 1       | Loique Valdez                               | Tchio Dega  |                  |                      |                         |               |
|                | First Name                                  | Middle Name   | Last Name        |                      | -                       |               |
| Debtor 2       |   |   |                  |                      |                         |               |
| (Spouse if,    | filing) First Name                          | Middle Name   | Last Name        |                      |                         |               |
| United S       | States Bankruptcy Court for the             | e: NORTHERN DISTRICT OF GE  | ORGIA - ATLA     | NTA DIVISION         | _                       |               |
| Case nu        | ımber                                       |   |                  |                      |                         |               |
| (if known)     |   |   |                  |                      | ☐ Check                 | if this is an |
|                |   |   |                  |                      | amend                   | ded filing    |
|                |   |   |                  |                      |                         |               |
| <u>Officia</u> | al Form 106D                                |   |                  |                      |                         |               |
| Sche           | dule D: Creditor                            | s Who Have Claims S   | Secured          | by Propert           | V                       | 12/15         |
|                |   |   |                  | <u> </u>             |                         |               |
|                | , copy the Additional Page, fill i          | e. If two married people are filing togethe<br>t out, number the entries, and attach it t       |                  |                      |                         |               |
| 1. Do any      | creditors have claims secured               | by your property?   |                  |                      |                         |               |
|                | lo. Check this box and submit               | this form to the court with your other  | schedules. You   | u have nothing else  | to report on this form. |               |
| _              | es. Fill in all of the information          |   |                  | <b>3</b>             |                         |               |
|                | _   | i below.  |                  |                      |                         |               |
| Part 1:        | List All Secured Claims                     |   |                  | Column A             | Column B                | Column C      |
|                |   | s more than one secured claim, list the cred<br>as a particular claim, list the other creditors |                  | Amount of claim      | Value of collateral     | Unsecured     |
|                |   | etical order according to the creditor's name   |                  | Do not deduct the    | that supports this      | portion       |
| Br             | idgecrest Credit                            |   |                  | value of collateral. | claim                   | If any        |
| フォー            | ompany, LLC                                 | Describe the property that secures the  | he claim:        | \$16,364.00          | \$10,925.00             | \$5,439.00    |
| Cre            | ditor's Name                                | 2015 Chrysler 200 71000 mile  | es               |                      |                         |               |
|                | eg. Agent: Corporation                      |   |                  |                      |                         |               |
|                | ervice Company<br>Technology Parkway        | As of the date you file, the claim is: 0  | Check all that   |                      |                         |               |
|                | outh  | apply.  |                  |                      |                         |               |
|                | uite 300                                    | ☐ Contingent  |                  |                      |                         |               |
| No             | orcross, GA 30092                           |   |                  |                      |                         |               |
| Nur            | mber, Street, City, State & Zip Code        | ☐ Unliquidated  |                  |                      |                         |               |
|                |   | ☐ Disputed  |                  |                      |                         |               |
| Who ow         | es the debt? Check one.                     | Nature of lien. Check all that apply.   |                  |                      |                         |               |
| ■ Debto        | •   | An agreement you made (such as n car loan)  | mortgage or secu | red                  |                         |               |
|                | or 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, med   | chanic's lien)   |                      |                         |               |
| _              | st one of the debtors and another           | ☐ Judgment lien from a lawsuit  | ,                |                      |                         |               |
| ☐ Chec         | k if this claim relates to a<br>munity debt | Other (including a right to offset)   |                  |                      |                         |               |
|                | Opened                                      |   |                  |                      |                         |               |

Last 4 digits of account number

6102

12/18 Last Active

Date debt was incurred 2/21/19

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| Debtor 1 Loique Valdez Tchio Dega  |  |                      | Case number (if known) |                           |          |  |  |
|--|--|----------------------|------------------------|---------------------------|----------|--|--|
| First Name Middle N  | ame Last Name  |                      | _                      |                           |          |  |  |
| 2.2 Discover Bank  | Describe the property that secures the claim:  |                      | \$0.00                 | \$5,404.40                | \$0.00   |  |  |
| Creditor's Name  | All Debtor's real and personal   |                      |                        |                           |          |  |  |
| Roger Crosby   | property   |                      |                        |                           |          |  |  |
| Hochschild, CEO  | As of the date you file, the claim is: Check all that  | _                    |                        |                           |          |  |  |
| 502 E. Market Street   | apply.   |                      |                        |                           |          |  |  |
| Greenwood, DE 19950  | ☐ Contingent   |                      |                        |                           |          |  |  |
| Number, Street, City, State & Zip Code   | ☐ Unliquidated   |                      |                        |                           |          |  |  |
|  | ☐ Disputed   |                      |                        |                           |          |  |  |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.  |                      |                        |                           |          |  |  |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or   | secured              |                        |                           |          |  |  |
| Debtor 2 only  | car loan)  |                      |                        |                           |          |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)   | )                    |                        |                           |          |  |  |
| ☐ At least one of the debtors and another  | Judgment lien from a lawsuit   |                      |                        |                           |          |  |  |
| ☐ Check if this claim relates to a   | Other (including a right to offset)  |                      |                        |                           |          |  |  |
| community debt   | · · · · · · · · · · · · · · · · · · ·  |                      |                        |                           |          |  |  |
| Date debt was incurred   | Last 4 digits of account number  |                      | -                      |                           |          |  |  |
|  |  |                      |                        |                           |          |  |  |
| Add the dollar value of your entries in C  | olumn A on this page. Write that number here:  |                      | \$16,364.00            |                           |          |  |  |
| If this is the last page of your form, add Write that number here:                 | the dollar value totals from all pages.  |                      | \$16,364.00            |                           |          |  |  |
| write that number here.  |  |                      | •                      |                           |          |  |  |
| Part 2: List Others to Be Notified fo  | r a Debt That You Already Listed   |                      |                        |                           |          |  |  |
| trying to collect from you for a debt you o  | e notified about your bankruptcy for a debt that y<br>we to someone else, list the creditor in Part 1, an<br>t you listed in Part 1, list the additional creditors h<br>is page. | d then list the co   | llection agency        | here. Similarly, if you h | ave more |  |  |
| Name, Number, Street, City, State & Zip Code Frederick J. Hanna & Associates, P.C. |  | which line in Part 1 | ·                      | e creditor? _2.2          |          |  |  |

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|   | •  | Document  | Page 24 of   | 47   |                           |                         |                            |          |
|---|--|---|--|--|---------------------------|-------------------------|----------------------------|----------|
| Fill in this                            | information to identify your ca  | se:   |  |  |                           |                         |                            |          |
| Debtor 1                                | Loigue Valdez Tchio  | Dega  |  |  |                           |                         |                            |          |
|   | First Name   | Middle Name   | Last Name  |  |                           |                         |                            |          |
| Debtor 2<br>(Spouse if, fill            | ing) First Name  | Middle Name   | Last Name  |  |                           |                         |                            |          |
| United Sta                              | ates Bankruptcy Court for the:   | NORTHERN DISTRICT OF  | GEORGIA - ATLANTA  | DIVISION   |                           |                         |                            |          |
| Case num                                | her  |   |  |  |                           |                         |                            |          |
| (if known)                              |  |   |  |  |                           |                         | if this is ar<br>ed filing | n        |
| Official                                | Form 106E/F  |   |  |  |                           |                         |                            |          |
|   | ule E/F: Creditors Wh  | o Have Unsecure   | d Claims   |  |                           |                         | 12/1                       | 5        |
| Schedule G<br>Schedule D<br>eft. Attach | ory contracts or unexpired leases the<br>Executory Contracts and Unexpire<br>Creditors Who Have Claims Secure<br>the Continuation Page to this page.<br>ase number (if known). | d Leases (Official Form 106G)<br>d by Property. If more space i     | . Do not include any cre<br>is needed, copy the Par      | editors with partially s<br>t you need, fill it out, i | ecured clai<br>number the | ms that a<br>entries ir | re listed in<br>the boxes  | s on the |
| Part 1:                                 | List All of Your PRIORITY Unse   | cured Claims  |  |  |                           |                         |                            |          |
| 1. Do any                               | creditors have priority unsecured o  | laims against you?  |  |  |                           |                         |                            |          |
| □ No.                                   | Go to Part 2.  |   |  |  |                           |                         |                            |          |
| Yes                                     | i.   |   |  |  |                           |                         |                            |          |
| identify<br>possibl                     | of your priority unsecured claims. It what type of claim it is. If a claim has be, list the claims in alphabetical order a lf more than one creditor holds a partic            | oth priority and nonpriority amore coording to the creditor's name. | unts, list that claim here a<br>If you have more than tw | and show both priority a                               | nd nonpriori              | ity amount              | s. As much                 | as       |
| (For an                                 | explanation of each type of claim, see   | the instructions for this form in t                                 | the instruction booklet.)                                |  |                           |                         |                            |          |
|   |  |   |  | Total claim  | Priority amount           |                         | Nonpriori<br>amount        | ity      |
| 2.1 <b>G</b>                            | eorgia Department of Reven   | ue Last 4 digits of acco  | ount number  | \$0.00   |                           | \$0.00                  |                            | \$0.00   |
|   | iority Creditor's Name   | When wee the debt   | in accord 2  |  |                           |                         |                            |          |
|   | ompliance Division<br>RCS Bankruptcy   | When was the debt   | incurred?  |  | -                         |                         |                            |          |
|   | 300 Century BLVD NE Suite  | 9100  |  |  |                           |                         |                            |          |
|   | tlanta, GA 30345-3202  |   |  |  |                           |                         |                            |          |
| Nu                                      | umber Street City State Zip Code   | As of the date you f  | ile, the claim is: Check a                               | all that apply   |                           |                         |                            |          |
| Who                                     | incurred the debt? Check one.  | ☐ Contingent  |  |  |                           |                         |                            |          |
| ■ De                                    | ebtor 1 only   | ☐ Unliquidated  |  |  |                           |                         |                            |          |
| □ De                                    | ebtor 2 only   | ☐ Disputed  |  |  |                           |                         |                            |          |
| □ De                                    | ebtor 1 and Debtor 2 only  | Type of PRIORITY u  | insecured claim:   |  |                           |                         |                            |          |
| ☐ At                                    | least one of the debtors and another   | ☐ Domestic support  | obligations  |  |                           |                         |                            |          |
| □сі                                     | neck if this claim is for a community  | debt Taxes and certain  | n other debts you owe the                                | government   |                           |                         |                            |          |
| Is the                                  | claim subject to offset?   | ☐ Claims for death of   | or personal injury while yo                              | ou were intoxicated                                    |                           |                         |                            |          |
| ■ No                                    |  | Other Specify   |  |  |                           |                         |                            |          |

**Notice Only** 

☐ Yes

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| Debtor 1 Loique Valdez Tchio Dega   |   | Case number (if known)                           |                             |
|---|---|--|-----------------------------|
| 2.2 IRS   | Last 4 digits of account number                                 | \$0.00   | \$0.00 \$0.00               |
| Priority Creditor's Name 401 W. Peachtree St., NW Stop #334-D Room 400  | When was the debt incurred?                                     |  | <u> </u>                    |
| Atlanta, GA 30308   |   |  |                             |
| Number Street City State Zip Code   | As of the date you file, the claim is:                          | Check all that apply                             |                             |
| Who incurred the debt? Check one.   | ☐ Contingent  |  |                             |
| ■ Debtor 1 only   | ☐ Unliquidated  |  |                             |
| Debtor 2 only   | ☐ Disputed  |  |                             |
| Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:                               |  |                             |
| ☐ At least one of the debtors and another   | ☐ Domestic support obligations                                  |  |                             |
| ☐ Check if this claim is for a community debt   | ■ Taxes and certain other debts you                             | owe the government                               |                             |
| Is the claim subject to offset?   | ☐ Claims for death or personal injury                           | while you were intoxicated                       |                             |
| ■ No  | ☐ Other. Specify  |  |                             |
| □Yes  | Notice Only   |  | <del></del>                 |
| <ul> <li>Yes.</li> <li>List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.</li> </ul> | claim. For each claim listed, identify what t                   | ype of claim it is. Do not list claims already i | included in Part 1. If more |
| 4.1 Bank Of America   | Last 4 digits of account number                                 | 7519   | \$1,895.00                  |
| Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634 Number Street City State Zip Code  | When was the debt incurred?  As of the date you file, the claim | Opened 12/10 Last Active 03/14                   |                             |
| Who incurred the debt? Check one.   | Пен   |  |                             |
| ■ Debtor 1 only   | Contingent  |  |                             |
| Debtor 2 only   | ☐ Unliquidated  |  |                             |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured                       | d claim:   |                             |
| At least one of the debtors and another   | Student loans   | d Claiiii.                                       |                             |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?  | _   | aration agreement or divorce that you did no     | t                           |
| ■ No  | ☐ Debts to pension or profit-sharin                             | g plans, and other similar debts                 |                             |
| ☐Yes  | ■ Other Specify Credit Card                                     | I  |                             |

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Debtor 1 Loique Valdez Tchio Dega

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Case number (if known)

| Citi Bank Po Box 6077 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 st be claim is for a community debt Is the claim subject to offset? Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Discover Financial Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 this claim is for a community debt St the claim subject to offset? Nonpriority Circlinos arising out of a separation agreement or divorce that you did not report as priority claims Student loans Disputed Type of NONPRIORITY unsecured claim: Student loans D | 4.2 | Citicards Cbna                            | Last 4 digits of account number       | 6636  | \$1,394.00 |  |  |  |
|--|-----|---|---------------------------------------|---|------------|--|--|--|
| Po Box 6077   Sloux Falls, SD 57117   Number Street City State Zp Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Unliquidated   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 5  |     | Nonpriority Creditor's Name               |                                       | On an ad 44/40. Least A athus                 |            |  |  |  |
| Sioux Falls, SD 57117  |     |   | When was the debt incurred?           | •   |            |  |  |  |
| Number Street City State Zip Code   Who Incurred the debt? Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 least one of the debtors and another   Student loans   Debtor 6 only   Debtor 5 only   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 8 only   Debtor 9 only   Debtor 9 only   Debtor 9 only   Debtor 1 only   Debt   |     |   | when was the debt incurred:           |   |            |  |  |  |
| Debtor 1 only  |     |   | As of the date you file, the claim    | is: Check all that apply                      |            |  |  |  |
| Debtor 1 and Debtor 2 only   Disputed  |     | Who incurred the debt? Check one.         |                                       |   |            |  |  |  |
| Debtor 1 and Debtor 2 only   |     | ■ Debtor 1 only                           | ☐ Contingent                          |   |            |  |  |  |
| At least one of the debtors and another   Check if this claim is for a community debt   St the claim subject to offset?   Check if this claim is for a community debt   St the claim subject to offset?   Check if this claim is for a community debt   Ch   |     | ☐ Debtor 2 only                           | ☐ Unliquidated                        |   |            |  |  |  |
| Check if this claim is for a community debt   State claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   |     | ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                            |   |            |  |  |  |
| Check if this claim is for a community debt is the claim subject to offset?  |     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure          | d claim:                                      |            |  |  |  |
| Check if this claim subject to offset?   Contingent   Debts to pension or profit-sharing plans, and other similar debts  |     | <u> </u>                                  | ☐ Student loans                       |   |            |  |  |  |
| Is the claim subject to offset?   report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   State 2 in Code   When was the debt incurred?   Opened 07/12 Last Active 6/29/14   As of the date you file, the claim is: Check all that apply   Opened 07/12 Last Active 6/29/14   As of the date you file, the claim is: Check all that apply   Opened 07/12 Last Active 6/29/14   As of the date you file, the claim is: Check all that apply   Opened 07/12 Last Active 6/29/14   As of the date you file, the claim is: Check all that apply   Opened 07/12 Last Active 6/29/14   Opened 07/12 Last Active 6/29/14   As of the date you file, the claim is: Check all that apply   Opened 07/12 Last Active 0/29/14   Opened 0/29/   |     | <del></del>                               | Obligations arising out of a sepa     | aration agreement or divorce that you did not |            |  |  |  |
| A.3   Discover Financial   Nonpriority Creditor's Name   Attn: Bankruptcy Department   Po Box 15316   Wilmington, DE 19850   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 she claim is for a community debt   Debts to Offset?   Debts to offset?   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   Credit Card  |     | Is the claim subject to offset?           |                                       |   |            |  |  |  |
| A.3   Discover Financial   Nonpriority Creditor's Name   Attn: Bankruptcy Department   Po Box 15316   Wilmington, DE 19850   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 she claim subject to offset?   Debtor 1 she claim subject to offset?   Debtor 2 spriority Creditor's Name   Check if this claim is for a community debt   Other. Specify   Credit Card   |     | ■ No                                      | Debts to pension or profit-sharing    | ng plans, and other similar debts             |            |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 4 and Debtor 5 offset? No Yes  Midland Funding Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 or Credit Card  4.4 Midland Funding Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 9 only Debtor 9 only Debtor 1 and Debtor 3 only Debtor 4 debt incurred 5 only Debtor 5 only Debtor 6 |     | Yes                                       | Other. Specify Credit Card            | <u> </u>                                      |            |  |  |  |
| Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 4 and Debtor 5 offset? No Yes  Midland Funding Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 or Credit Card  4.4 Midland Funding Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 9 only Debtor 9 only Debtor 1 and Debtor 3 only Debtor 4 debt incurred 5 only Debtor 5 only Debtor 6 | 1   |   |                                       |   | <b>A-</b>  |  |  |  |
| Attn: Bankruptcy Department PO Box 15316 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only   | 4.3 |   | Last 4 digits of account number       | 5573  | \$5,404.00 |  |  |  |
| Number Street City State Zip Code   Who incurred the debt? Check one.   □ Debtor 1 only   □ Contingent   □ Debtor 2 only   □ Unliquidated   □ Debtor 1 and Debtor 2 only   □ Inliquidated   □ Debtor 1 and Debtor 2 only   □ Disputed   □ Student loans   □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   □ Other. Specify   Credit Card   |     | Attn: Bankruptcy Department Po Box 15316  | When was the debt incurred?           |   |            |  |  |  |
| Who incurred the debt? Check one.  Debtor 1 only   |     |   | As of the date you file, the claim    | is: Check all that apply                      |            |  |  |  |
| Debtor 2 only  |     |   | ,                                     |   |            |  |  |  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Other. Specif  |     | Debtor 1 only                             | ☐ Contingent                          |   |            |  |  |  |
| At least one of the debtors and another   Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Credit Card   |     | Debtor 2 only                             | ☐ Unliquidated                        |   |            |  |  |  |
| Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Credit Card   |     | ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                            |   |            |  |  |  |
| Check if this claim is for a community debt   State claim is for a community debt   State claim subject to offset?   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Credit Card  |     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure          | d claim:                                      |            |  |  |  |
| debt Is the claim subject to offset?  No Other. Specify Nopriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Credit Card  |     |   | ☐ Student loans                       |   |            |  |  |  |
| Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts  Credit Card    Midland Funding  |     |   | Obligations arising out of a sepa     | aration agreement or divorce that you did not |            |  |  |  |
| A.4 Midland Funding Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Credit Card  S408  S408  Square Cpened 10/15 Last Active 03/14  As of the date you file, the claim is: Check all that apply  Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not  |     | Is the claim subject to offset?           |                                       |   |            |  |  |  |
| 4.4 Midland Funding Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108  Number Street City State Zip Code When was the debt incurred?  Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  As 4 digits of account number 6241  Square 6241  Opened 10/15 Last Active 03/14  As of the date you file, the claim is: Check all that apply  Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Opened 10/15 Last Active 03/14  Opened 10/15 Last Active 03/14  As of the date you file, the claim is: Check all that apply  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not  |     | ■ No                                      | Debts to pension or profit-sharing    | g plans, and other similar debts              |            |  |  |  |
| Nonpriority Creditor's Name  2365 Northside Dr Ste 300 San Diego, CA 92108  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Nonpriority Creditor's Name Opened 10/15 Last Active 03/14  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Unli |     | Yes                                       | Other. Specify Credit Card            | <u> </u>                                      |            |  |  |  |
| 2365 Northside Dr Ste 300 San Diego, CA 92108  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Opened 10/15 Last Active 03/14  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Unliquida | 4.4 | Midland Funding                           | Last 4 digits of account number       | 6241  | \$408.00   |  |  |  |
| When was the debt incurred?  San Diego, CA 92108  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  When was the debt incurred?  O3/14  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Un |     | Nonpriority Creditor's Name               | _                                     |   |            |  |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply   |     |   | When was the debt incurred?           | •   |            |  |  |  |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not  |     | <b>.</b>                                  | As of the date you file, the claim    | is: Check all that apply                      |            |  |  |  |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not   |     | Who incurred the debt? Check one.         |                                       |   |            |  |  |  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not  |     | Debtor 1 only                             | ☐ Contingent                          |   |            |  |  |  |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not  |     | Debtor 2 only                             | ☐ Unliquidated                        |   |            |  |  |  |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not  |     | ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed                            |   |            |  |  |  |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not   |     | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure          | d claim:                                      |            |  |  |  |
| Shigations ansing out of a separation agreement of alvorce that you did not  |     |   | ☐ Student loans                       |   |            |  |  |  |
|  |     |   |                                       |   |            |  |  |  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts   |     | _   | <u></u>                               | ng plans, and other similar debts             |            |  |  |  |
| ☐ Yes ☐ Other. Specify ☐ Factoring Company Account Capital One Bank Usa N.A.   |     | □Yes                                      | ■ Other. Specify Factoring (Bank Usa) | Company Account Capital One N.A.              |            |  |  |  |

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| MSC Investment LLC   | Last 4 digits of account number  | \$3,735. |
|--|--|----------|
| Nonpriority Creditor's Name Reg Ag. Corporation Service Company      | When was the debt incurred?  |          |
| 40 Technology Pkwy South, #300<br>Norcross, GA 30092                 | -  |          |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |
| ■ Debtor 1 only  | ☐ Contingent   |          |
| Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only   | Disputed   |          |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |          |
| debt<br>Is the claim subject to offset?                              | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                           |          |
| □Yes   | ■ Other. Specify Lease Deficiency  |          |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>12,836.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>12,836.00 |

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| Fill in this infor  | rmation to identify your | case:             |                          |        |                     |
|---------------------|--------------------------|-------------------|--------------------------|--------|---------------------|
| Debtor 1            | Loique Valdez To         | hio Dega          |                          |        |                     |
|                     | First Name               | Middle Name       | Last Name                |        |                     |
| Debtor 2            |                          |                   |                          |        |                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                |        |                     |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA - ATLANTA DIV | /ISION |                     |
| Case number         |                          |                   |                          |        |                     |
| (if known)          |                          |                   |                          |        | Check if this is an |
|                     |                          |                   |                          |        | amended filing      |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Progressing Leasing
5651 W Talavi Blvd
Glendale, AZ 85306

State what the contract or lease is for
Mattress

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|   |  | Docume   | nt Page 29 c  | NT 4/  |   |
|---|--|--|---|--|---|
| Fill in this                                | information to identify your   |  |   |  |   |
| Debtor 1                                    | Loique Valdez To   | chio Dega  |   |  |   |
|   | First Name   | Middle Name  | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filir               | ng) First Name   | Middle Name  | Last Name   |  |   |
| United Sta                                  | tes Bankruptcy Court for the:  | NORTHERN DISTRICT  | OF GEORGIA - ATLAN  | ITA DIVISION                                   |   |
| Case numb                                   | ner  |  |   |  |   |
| (if known)                                  |  |  |   |  | Check if this is an   |
|   |  |  |   |  | amended filing  |
| Official                                    | l Form 106H  |  |   |  |   |
| Sched                                       | ule H: Your Cod  | ebtors   |   |  | 12/15   |
| No Yes  2. With Arizon  No. Yes  3. In Coli | hin the last 8 years, have you<br>a, California, Idaho, Louisiana<br>Go to line 3.<br>Did your spouse, former spo<br>umn 1, list all of your codeb | u lived in a community pr<br>, Nevada, New Mexico, Pu<br>use, or legal equivalent live | operty state or territor erto Rico, Texas, Wash with you at the time? | y? (Community property ington, and Wisconsin.) | states and territories include g with you. List the person shown e creditor on Schedule D (Official |
| Form  |  |  |   |  | Schedule E/F, or Schedule G to fill   |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z   | IP Code  |   | Column 2: The cre<br>Check all schedule        | ditor to whom you owe the debt s that apply:  |
| 3.1   |  |  |   | _ Schedule D, line                             | ·   |
|   | Name   |  |   | ☐ Schedule E/F, li                             |   |
| _   |  |  |   | ☐ Schedule G, line<br>—                        | e   |
|   | Number Street<br>City  | State  | ZIP Code  |  |   |
| 3.2   |  |  |   | ☐ Schedule D, line                             | 2   |
|   | Name   |  |   | ☐ Schedule E/F, li                             |   |
|   |  |  |   | ☐ Schedule G, line                             | ÷   |
|   | Number Street  |  |   | _  |   |
|   | City   | State  | ZIP Code  |  |   |

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| Fill                    | in this information to identify your ca                                    | ise:  |  |                             |                 |                          |                      |                       |                                       |                 |
|-------------------------|--|---|--|-----------------------------|-----------------|--------------------------|----------------------|-----------------------|---------------------------------------|-----------------|
|                         |  | ez Tchio Dega   |  |                             |                 |                          |                      |                       |                                       |                 |
|                         | otor 2   |   |  |                             | _               |                          |                      |                       |                                       |                 |
| Uni                     | ted States Bankruptcy Court for the:                                       | NORTHERN DISTRIC  | CT OF GEORGIA                            | - ATLANTA                   |                 |                          |                      |                       |                                       |                 |
| (If kn                  | se number<br>Jown)   |   |  |                             |                 | ☐ An                     |                      | ed filing<br>ent shov | wing postpetitior<br>e following date |                 |
| 0                       | fficial Form 106l  |   |  |                             |                 | MN                       | // / DD/ \           | YYYY                  |                                       |                 |
| S                       | chedule I: Your Inco   | ome   |  |                             |                 |                          |                      |                       |                                       | 12/15           |
| suppos<br>spor<br>attac | . ,  | are married and not filion<br>r spouse is not filing wi | ng jointly, and yo<br>ith you, do not in | ur spouse i<br>clude inforr | is liv<br>matio | ing with y<br>on about y | ou, incl<br>your spo | ude info<br>ouse. If  | ormation about<br>more space is       | your<br>needed, |
| 1.                      | Fill in your employment information.                                       |   | Debtor 1                                 |                             |                 | 1                        | Debtor 2             | 2 or nor              | n-filing spouse                       |                 |
|                         | If you have more than one job, attach a separate page with                 | Employment status                                       | ■ Employed                               | ■ Employed                  |                 |                          | ☐ Employed           |                       |                                       |                 |
|                         | information about additional   |   | ☐ Not employed                           |                             |                 |                          | ■ Not employed       |                       |                                       |                 |
|                         | employers.   | Occupation  | Caregiver                                |                             |                 |                          | Lives o              | utside                | the US                                |                 |
|                         | Include part-time, seasonal, or self-employed work.                        | Employer's name   | Pooenix Sen                              | ior Living                  |                 |                          |                      |                       |                                       |                 |
|                         | Occupation may include student or homemaker, if it applies.                | Employer's address                                      | 114 Townpar<br>Kennesaw, G               |                             |                 |                          |                      |                       |                                       |                 |
|                         |  | How long employed to                                    | here? 3 mc                               | onths                       |                 |                          | _                    |                       |                                       |                 |
| Par                     | Give Details About Mon   | thly Income   |  |                             |                 |                          |                      |                       |                                       |                 |
|                         | mate monthly income as of the dause unless you are separated.              | ate you file this form. If                              | you have nothing                         | to report for               | any I           | ine, write S             | \$0 in the           | space.                | Include your no                       | n-filing        |
|                         | u or your non-filing spouse have mo<br>e space, attach a separate sheet to |   | ombine the informa                       | ation for all e             | emplo           | oyers for th             | nat perso            | on on th              | e lines below. If                     | you need        |
|                         |  |   |  |                             |                 | For Debt                 | or 1                 |                       | Debtor 2 or<br>-filing spouse         |                 |
| 2.                      | List monthly gross wages, salar deductions). If not paid monthly, o        |   |  | 2.                          | \$              | 2,4                      | 00.80                | \$                    | 0.00                                  |                 |
| 3.                      | Estimate and list monthly overti   | me pay.   |  | 3.                          | +\$             |                          | 0.00                 | +\$                   | 0.00                                  | -               |
| 4.                      | Calculate gross Income. Add lin  | e 2 + line 3.   |  | 4.                          | \$              | 2,408                    | 3.00                 | \$                    | 0.00                                  |                 |

Official Form 106I Schedule I: Your Income page 1

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| Debt | or 1   | Loique Valdez Tchio Dega   | _                                       | С    | case number (if known)   |  |                        |  |                  |
|------|--|--|---|------|--|--|------------------------|--|------------------|
|      | Cop  | y line 4 here  | 4.                                      |      | For Debtor 1<br>\$ 2,408.00  |  | r Debtor<br>n-filing s |  |                  |
| 5    |  |  |   |      | ,  |  |                        |  | _                |
| 5.   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | all payroll deductions:  Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:   | 5a<br>5b<br>5c<br>5d<br>5e<br>5f.<br>5g |      | \$ 508.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |                        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | -<br>-<br>-<br>- |
| 6.   | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                                      | ;    | \$ 508.00  | \$_  |                        | 0.00   | _                |
| 7.   | Cal  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                                      | ;    | \$1,900.00   | \$_  |                        | 0.00   | _                |
| 8.   | 8b. 8c. 8d. 8e. 8f.                                  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income | 8c<br>8d<br>8e                          |      | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00                         | \$\$ \$\$\$ \$\$\$ \$\$\$                    |                        | 0.00<br>0.00<br>0.00<br>0.00<br>0.00                 | -<br>-<br>-<br>- |
|      | 8h.  | Other monthly income. Specify:   | 8h                                      |      | \$ 0.00  |  |                        | 0.00   | _                |
| 9.   | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                                      | \$   | 0.00   | \$_  |                        | 0.00   | 0                |
| 10.  |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.                                     | \$_  | 1,900.00 + \$  |  | 0.00                   | = \$   | 1,900.00         |
| 11.  | Incluothe<br>Do r                                    | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:  | depe                                    |      |  | ,  | Schedule               | ∍ J.<br>+\$  | 0.00             |
| 12.  |  | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies  |   |      |  |  | e.<br>12.              | \$   | 1,900.00         |
| 13.  | Do :   | you expect an increase or decrease within the year after you file this form No.  | ?                                       |      |  |  |                        | Combin<br>monthl                                     | y income         |
|      | <b>=</b>   | Yes. Explain: Debtor's wife lives outside the US and they are chave her move to the US.  | urre                                    | ntly | y going through  | immig  | jration                | procee   | dings to         |

Official Form 106I Schedule I: Your Income page 2

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| FIII              | in this informa                         | ition to identify yo                                 | our case:                            |  |                       |                |           |                    |   |
|-------------------|---|--|--------------------------------------|--|-----------------------|----------------|-----------|--------------------|---|
|                   | otor 1                                  | Loique Valde   |                                      | Doga   |                       | Ch             | neck if t | nie ie:            |   |
| 000               | 7.01 T                                  | Loique value   | EZ ICIIIO                            | Dega   | _                     |                | An a      | mended filing      |   |
|                   | otor 2<br>ouse, if filing)              |  |                                      |  |                       |                |           |                    | wing postpetition chapter the following date: |
| ``                |   | ruptcy Court for the                                 |                                      | HERN DISTRICT OF GEOF<br>TA DIVISION                                       | RGIA -                |                |           | DD / YYYY          |   |
| 1                 | se numbe <b>r</b><br>nown)              |  |                                      |  |                       |                |           |                    |   |
| O                 | fficial Fo                              | orm 106J   |                                      |  |                       |                |           |                    |   |
| S                 | chedule                                 | J: Your  | Exper                                | ises   |                       |                |           |                    | 12/1  |
| Be<br>info<br>nur | as complete ormation. If mater (if know | and accurate as                                      | possible<br>eded, atta<br>ry questio | . If two married people ar<br>ich another sheet to this                    |                       |                |           |                    |   |
| Par<br>1.         | Is this a joir                          |  | inoia                                |  |                       |                |           |                    |   |
|                   | ■ No. Go to                             |  | in a separ                           | ate household?   |                       |                |           |                    |   |
|                   | □ N<br>□ Y                              |  | st file Offici                       | al Form 106J-2, <i>Expense</i> s   | for Separate House    | hold of De     | ebtor 2.  |                    |   |
| 2.                | Do you have                             | e dependents?  | ■ No                                 |  |                       |                |           |                    |   |
|                   | Do not list D<br>Debtor 2.              | -  | ☐ Yes.                               | Fill out this information for each dependent                               | Dependent's relation  |                |           | Dependent's<br>age | Does dependent live with you?                 |
|                   | Do not state                            |  |                                      |  |                       |                |           |                    | □ No  |
|                   | dependents                              | names.   |                                      |  |                       |                |           |                    | ☐ Yes<br>☐ No                                 |
|                   |   |  |                                      |  |                       |                |           |                    | ☐ Yes   |
|                   |   |  |                                      |  |                       |                |           |                    | □ No  |
|                   |   |  |                                      |  |                       |                |           |                    | ☐ Yes<br>☐ No                                 |
|                   |   |  |                                      |  |                       |                |           |                    | ☐ Yes   |
| 3.                | expenses o                              | oenses include<br>f people other t<br>d your depende | han $_{m 	au}$                       | No<br>Yes  |                       |                |           |                    |   |
| exp               | imate your ex                           |  | our bankr                            | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                       |                |           |                    |   |
| the               |   | h assistance an                                      |                                      | government assistance in<br>cluded it on <i>Schedule I:</i> Y              |                       |                |           | Your exp           | enses   |
| 4.                |   | or home owners                                       |                                      | ses for your residence. In   | nclude first mortgage | <b>-</b><br>4. | \$        |                    | 650.00  |
|                   |   | led in line 4:                                       | J :                                  |  |                       |                |           |                    |   |
|                   |   |  |                                      |  |                       | 40             | Ф         |                    | 0.00  |
|                   |   | estate taxes<br>erty, homeowner's                    | s, or renter                         | 's insurance   |                       | 4a.<br>4b.     | · —       |                    | 0.00<br>0.00                                  |
|                   |   | •  |                                      | upkeep expenses  |                       | 4c.            |           |                    | 0.00  |
| _                 |   | owner's associat                                     |                                      |  |                       | 4d.            |           |                    | 0.00  |
| 5.                | Additional r                            | mortgage payme                                       | ents for yo                          | our residence, such as ho  | me equity loans       | 5.             | \$        |                    | 0.00  |

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| Itilities:  |  |  |   |
|---|--|--|---|
|   |  |  |   |
| a. Electricity, heat, natural gas   | 6a.  | \$   | 190.00  |
|   | 6b.  | · -  | 0.00  |
|   | 6c.  | \$   | 0.00  |
|   |  | ·  | 60.00   |
|   | _  | · .  | 80.00   |
| •   |  | ·  | 150.00  |
|   |  | ·  | 0.00  |
|   |  | · · · · · · · · · · · · · · · · · · ·  | 10.00   |
|   |  | ·  | 10.00   |
| ·   |  | ·  | 0.00  |
| •   |  | Ψ  | 0.00  |
|   | 12.  | \$   | 100.00  |
|   | 13.  | \$   | 0.00  |
|   | 14.  | \$   | 0.00  |
| nsurance.   |  |  |   |
| Oo not include insurance deducted from your pay or included in lines 4 or 20.       |  |  |   |
| 5a. Life insurance  |  |  | 21.00   |
| 5b. Health insurance  | 15b.   | \$   | 0.00  |
| 5c. Vehicle insurance   | 15c.   | \$   | 430.00  |
| 5d. Other insurance. Specify:   | 15d.   | \$   | 0.00  |
|   | 16.  | \$   | 0.00  |
|   |  | _  |   |
| 1 /   |  | ·  | 480.00  |
| • •   |  | ·  | 0.00  |
|   | _  | ·  | 36.00   |
|   | _ 17d.   | \$   | 0.00  |
|   | 10   | ¢  | 0.00  |
| leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).     | 10.  | ·  |   |
|   | 10   | Φ  | 0.00  |
| ·   | _  | ur Income  |   |
|   |  |  | 0.00  |
|   |  | ·  | 0.00  |
|   |  |  | 0.00  |
| • •   |  |  | 0.00  |
|   |  | ·  | 0.00  |
|   |  | · ·  | 0.00  |
| orier. Specify.   | _ 21.  | -Ψ   | 0.00  |
| Calculate your monthly expenses   |  |  |   |
| 2a. Add lines 4 through 21.   |  | \$   | 2,217.00  |
| 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |  | \$   |   |
| 2c. Add line 22a and 22b. The result is your monthly expenses.                      |  | \$   | 2,217.00  |
|   |  |  |   |
| 3a. Copy line 12 (your combined monthly income) from Schedule I.                    | 23a.   | \$   | 1,900.00  |
| 3b. Copy your monthly expenses from line 22c above.                                 | 23b.   | -\$  | 2,217.00  |
|   |  |  | · · · · · · · · · · · · · · · · · · ·   |
| 3c. Subtract your monthly expenses from your monthly income.                        | 00 -   | •  | 247 00  |
| The result is your <i>monthly net income</i> .                                      | 23c.   | \$   | -317.00   |
|   | Cable/Internet Cable/Internet Cable/Internet Cable/Internet Cable/Internet Cable/Internet Cable/Internet Cable/Internet Cable/Internet Cod and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Mattress 17d. Other. Specify: Mattress 17d. Other. Specify: Mour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedulea. Mortgages on other property Dense ale estate taxes Dense real property expenses not included in lines 4 or 5 of this form or on Schedulea. Mortgages on other property Dense real property expenses not included in lines 4 or 5 of this form or on Schedulea. Mortgages on other property Dense real property expenses not included in lines 4 or 5 of this form or on Schedulea. Mortgages on other property Dense real property expenses not included in lines 4 or 5 of this form or on Schedulea. Mortgages on other property incomence of the property incomence of | Cac. Telephone, cell phone, Internet, satellite, and cable services  3d. Other. Specify: Cellular Phone Cable/Internet  Food and housekeeping supplies Childcare and children's education costs  38. Clothing, laundry, and dry cleaning Personal care products and services 39. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 20. not include care payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. 20. not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 16c. Other insurance. Specify: 16d. Other insurance. Specify: 16a. Specify: 16b. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Cother. Specify: Mattress 17c. Cother. Specify: Mattress 17c. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on lines 4, or 5 of this form or on Schedule 1. You payments you make to support others who do not live with you.  Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1. You on the property expenses not included in lines 4 or 5 of this form or on Schedule 1. You on the property expenses on the property on there should not report as 1. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 20c. Property, homeowner's, or renter's insu | 3c. Telephone, cell phone, Internet, satellite, and cable services 3c. Other. Specify: Cellular Phone 3c. Cable/Internet \$ Cable/Internet \$ Schildcare and children's education costs 8. \$ Childcare and children's education costs 9. \$ Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Scharitable contributions and religious donations 15. Charitable contributions and religious donations 16. Charitable contributions and religious donations 17. S Scharitable contributions and religious donations 18. \$ Scharitable contributions and religious donations 19. \$ Scharitable contributions 19. \$ Scharitable contribut |

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|   |  | Dodan   | Tago o Tor Tr   |  |
|---|--|---|---|--|
| Fill in this infor  | mation to identify your case:  |   |   |  |
| Debtor 1  |  | 000   |   |  |
| Deptor 1  | Loique Valdez Tchio D First Name   | ega<br>Middle Name  | Last Name   |  |
| Debtor 2  |  |   |   |  |
| (Spouse if, filing)   | First Name   | Middle Name   | Last Name   |  |
| United States Ba  | ankruptcy Court for the: NOF   | RTHERN DISTRI   | CT OF GEORGIA - ATLANTA DIVISION  |  |
| Case number   |  |   |   |  |
| (if known)  |  |   |   | ☐ Check if this is an  |
|   |  |   |   | amended filing   |
| If you are an ind creditors hav you have leas You must file thi whiche on the | ividual filing under chapter 7, re claims secured by your property and the is form with the court within a ever is earlier, unless the couform | you must fill ou<br>perty, or<br>e lease has not e<br>30 days after you<br>rt extends the til |   | et for the meeting of creditors,<br>e creditors and lessors you list |
| write y   | and accurate as possible. If nour name and case number ( Sour Creditors Who Have Sect  | if known).  | eded, attach a separate sheet to this form. On  | the top of any additional pages,                                     |
| 1. For any credit   | ors that you listed in Part 1 o  | f Schedule D: Cı  | reditors Who Have Claims Secured by Propert   | y (Official Form 106D), fill in the                                  |
| information be<br>Identify the cr   | elow.<br>reditor and the property that is o  |   | What do you intend to do with the property that ecures a debt?                                    | Did you claim the property as exempt on Schedule C?                  |
| Creditor's <b>E</b>   | Bridgecrest Credit Compar  | •   | ☐ Surrender the property.☐ Retain the property and redeem it.                                     | □No  |
| Description of property securing debts  | 2015 Chrysler 200 7100   | miles   | Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | ■ Yes  |
| Creditor's <b>[</b>   | Discover Bank  |   | Surrender the property.  Retain the property and redeem it.                                       | □ No   |
| Description of  | All Debtor's real and pe   | [<br>rsonal   | Retain the property and enter into a  Reaffirmation Agreement.                                    | ■ Yes  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Retain the property and [explain]: avoid lien using 11 U.S.C. § 522(f)

Describe your unexpired personal property leases

property

Will the lease be assumed?

Official Form 108

property

securing debt:

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| Deb            | otor 1              | Loique Va | aldez Tchio Dega          | Case number (if known)   |
|----------------|---------------------|-----------|---------------------------|--|
| Lessor's name: |                     | ame:      | Progressing Leasing       | □ No   |
|                |                     |           |                           | ■ Yes  |
|                | scription<br>perty: | of leased | Mattress                  |  |
| Und            | er pena             |           | • •                       | y intention about any property of my estate that secures a debt and any personal |
| X              | •                   | •         | et to an unexpired lease. | X  |
|                | Loiqu               |           | Tchio Dega                | Signature of Debtor 2  |
|                | Date                | April 1   | 6, 2019                   | Date   |

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| Fill in this infor     | mation to identify your  | case:             |                             |               |
|------------------------|--------------------------|-------------------|-----------------------------|---------------|
| Debtor 1               | Loique Valdez To         | hio Dega          |                             |               |
|                        | First Name               | Middle Name       | Last Name                   |               |
| Debtor 2               |                          |                   |                             |               |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name                   |               |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA - ATLANTA DIVISI | <u>ON</u>     |
| Case number (if known) |                          |                   |                             | ☐ Check if th |
|                        |                          |                   |                             | amended       |

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets  |              |                               |
|-----|---|--------------|-------------------------------|
|     |   | Your as      | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 11,945.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 11,945.00                     |
| Par | 2: Summarize Your Liabilities   |              |                               |
|     |   |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$           | 16,364.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 12,836.00                     |
|     | Your total liabilities  | \$           | 29,200.00                     |
| Par | 3: Summarize Your Income and Expenses   |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 1,900.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 2,217.00                      |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                    | ur other sch | nedules.                      |
| 7.  | Yes What kind of debt do you have?  |              |                               |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bounded purposes," 11 U.S.C. \$ 101(9). Fill out lines 8.00 for statistical purposes, 28 U.S.C. \$ 150 | a personal,  | family, or                    |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Debtor 1 Loique Valdez Tchio Dega

2,808.00 \$

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total cl | aim  |
|--|----------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 0.00 |

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| Fill in this infor                      | mation to identify your                            | case:                    |  |                        |  |
|---|--|--------------------------|--|------------------------|--|
| Debtor 1                                | Loique Valdez To                                   |                          |  |                        |  |
| Debior 1                                | First Name   | Middle Name              | Last Name  |                        |  |
| Debtor 2                                |  |                          |  |                        |  |
| (Spouse if, filing)                     | First Name   | Middle Name              | Last Name  |                        |  |
| United States Ba                        | ankruptcy Court for the:                           | NORTHERN DISTRICT        | OF GEORGIA - ATLANTA DIV   | /ISION                 |  |
| Case number                             |  |                          |  |                        |  |
| (if known)                              |  |                          |  |                        | ☐ Check if this is an  |
|   |  |                          |  |                        | amended filing   |
| ·<br>You must file th<br>obtaining mone | is form whenever you fi                            | le bankruptcy schedules  | ensible for supplying correct in<br>s or amended schedules. Mak<br>kruptcy case can result in fine | ing a false statement  |  |
| Sig                                     | ın Below   |                          |  |                        |  |
| Did you pa                              | ay or agree to pay some                            | one who is NOT an atto   | rney to help you fill out bankro   | uptcy forms?           |  |
| ■ No                                    |  |                          |  |                        |  |
| ☐ Yes.                                  | Name of person                                     |                          |  |                        | Petition Preparer's Notice,<br>Signature (Official Form 119) |
|   | alty of perjury, I declare<br>re true and correct. | that I have read the sum | nmary and schedules filed with   | h this declaration and | ı  |
| X /s/ Loi                               | que Valdez Tchio De                                | ga                       | X  |                        |  |
| Loique                                  | e Valdez Tchio Dega<br>ure of Debtor 1             |                          | Signature of Debto   | or 2                   |  |
| _                                       | April 16, 2019                                     |                          | Date   |                        |  |

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| Fill in this information to identify your case:   | Ch   | neck one box only as d                               | lirected in this form and in   | n Form                      |
|---|--|--|--|-----------------------------|
| Debtor 1 Loique Valdez Tchio Dega   |  | 2A-1Supp:  |  |                             |
| Debtor 2 (Spouse, if filing)  |  | ■ 1. There is no pres                                | umption of abuse   |                             |
| United States Bankruptcy Court for the: NORTHERN DIST   | IRICI OF   | applies will be n                                    | o determine if a presump<br>nade under <i>Chapter 7 M</i><br>icial Form 122A-2). |                             |
| Case number   |  |  | does not apply now becay service but it could appl                               |                             |
|   |  | ☐ Check if this is a                                 | n amended filing   |                             |
| Official Form 122A - 1  |  |  |  |                             |
| Chapter 7 Statement of Your Cur   | rent Monthly Inc   | come   |  | 12/15                       |
| Be as complete and accurate as possible. If two married people a attach a separate sheet to this form. Include the line number to we case number (if known). If you believe that you are exempted from qualifying military service, complete and file Statement of Exemple Tart 1:  Calculate Your Current Monthly Income | hich the additional information of a presumption of abuse becau          | applies. On the top of a<br>use you do not have prir | ny additional pages, write<br>marily consumer debts or l                         | your name and<br>because of |
| 1. What is your marital and filing status? Check one or   | nly.   |  |  |                             |
| ☐ Not married. Fill out Column A, lines 2-11.   |  |  |  |                             |
| ☐ Married and your spouse is filing with you. Fill ou   | ut both Columns A and B, lines   | 3 2-11.  |  |                             |
| ■ Married and your spouse is NOT filing with you.   | You and your spouse are:   |  |  |                             |
| ☐ Living in the same household and are not lega   | Illy separated. Fill out both Co   | olumns A and B, lines 2                              | 2-11.  |                             |
| Living separately or are legally separated. Fill of<br>penalty of perjury that you and your spouse are living apart for reasons that do not include evadire.  | egally separated under nonbar  | nkruptcy law that applie                             | es or that you and your s  |                             |
| Fill in the average monthly income that you received from all 101(10A). For example, if you are filing on September 15, the 6-m the 6 months, add the income for all 6 months and divide the total spouses own the same rental property, put the income from that p   | onth period would be March 1 thro by 6. Fill in the result. Do not inclu | ough August 31. If the amode any income amount m     | ount of your monthly income ore than once. For example                           | varied during<br>, if both  |
|   |  | Column A Debtor 1                                    | Column B Debtor 2 or non-filing spouse   |                             |
| <ol><li>Your gross wages, salary, tips, bonuses, overtime,<br/>payroll deductions).</li></ol>   | and commissions (before all  | \$ 2,408.00  | \$   |                             |
| Alimony and maintenance payments. Do not include Column B is filled in.   | payments from a spouse if  | \$ 0.00  | \$   |                             |
| 4. All amounts from any source which are regularly pa<br>of you or your dependents, including child support.<br>from an unmarried partner, members of your household<br>and roommates. Include regular contributions from a sp<br>filled in. Do not include payments you listed on line 3.                                | Include regular contributions d, your dependents, parents,               | \$ 400.00  | \$   |                             |
| 5. Net income from operating a business, profession,  |  |  |  |                             |
|   | Debtor 1<br>\$ 0.00  |  |  |                             |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses  | -\$ 0.00   |  |  |                             |
| Net monthly income from a business, profession, or far  |  | \$ 0.00  | \$   |                             |
| 6. Net income from rental and other real property   |  |  |  |                             |
|   | Debtor 1   |  |  |                             |
| Gross receipts (before all deductions)  | \$ 0.00  |  |  |                             |
| Ordinary and necessary operating expenses   | -\$ 0.00   |  | •  |                             |
| Net monthly income from rental or other real property   | \$ Copy here ->  |  | \$<br>\$   |                             |
| 7 Interest dividends and revalties  |  | \$ 0.00  | Ψ  |                             |

Official Form 122A-1

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Loique Valdez Tchio Dega Case number (if known)

|      |  |  |             | Column A Debtor 1 |             | Column B Debtor 2 or |              |             |
|------|--|--|-------------|-------------------|-------------|----------------------|--------------|-------------|
|      |  |  |             | Debtor 1          |             | non-filing s         |              |             |
| 8.   | Unemployment compensation  |  |             | \$                | 0.00        | \$                   |              |             |
|      | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:   |  | fit under   |                   |             |                      |              |             |
|      | For you \$ For your spouse \$  | 0.   | .00         |                   |             |                      |              |             |
| •    | For your spouse \$   |  |             |                   |             |                      |              |             |
|      | <b>Pension or retirement income.</b> Do not include any ambenefit under the Social Security Act.   |  |             | \$                | 0.00        | \$                   |              |             |
| 10.  | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.  | Security Act or paymer<br>manity, or internationa<br>a separate page and p | nts<br>I or | \$                | 0.00        | \$                   |              |             |
|      | ·  |  |             | \$                | 0.00        | \$                   |              |             |
|      | Total amounts from separate pages, if any.   |  |             | \$                | 0.00        | \$                   |              |             |
|      |  |  |             |                   |             |                      |              |             |
| 11.  | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column |  | \$          | 2,808.00          | + \$        |                      | = \$2        | ,808.00     |
|      |  |  |             |                   |             |                      | Total curr   | ent monthly |
| Part | 2: Determine Whether the Means Test Applies to   | o You  |             |                   |             |                      | income       |             |
|      |  |  |             |                   |             |                      |              |             |
| 12.  | Calculate your current monthly income for the year.  | ·  |             |                   |             |                      |              |             |
|      | 12a. Copy your total current monthly income from line 1  | 1  |             | Сору              | line 11 h   | ere=>                | \$2          | ,808.00     |
|      | Multiply by 12 (the number of months in a year)  |  |             |                   |             |                      | <b>x</b> 12  |             |
|      | 12b. The result is your annual income for this part of the   | e form   |             |                   |             | 12b.                 | \$33         | ,696.00     |
| 13.  | Calculate the median family income that applies to   | you. Follow these ste  | ps:         |                   |             |                      |              |             |
|      | Fill in the state in which you live.   | GA   |             |                   |             |                      |              |             |
|      | Fill in the number of people in your household.  | 1  |             |                   |             |                      |              |             |
|      | Fill in the median family income for your state and size   |  |             |                   |             |                      | <b>\$</b> 47 | ,953.00     |
|      | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank  |  | pecified    | in the separa     | te instruct | ions                 |              |             |
| 14.  | How do the lines compare?  |  |             |                   |             |                      |              |             |
|      | 14a. Line 12b is less than or equal to line 13. Of Go to Part 3.   | n the top of page 1, ch  | neck box    | 1, There is n     | o presum    | ption of abuse       | ).           |             |
|      | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.   | of page 1, check box 2   | t, The pro  | esumption of      | abuse is d  | determined by        | Form 122)    | 4-2.        |
| Part | 3: Sign Below  |  |             |                   |             |                      |              |             |
|      | By signing here, I declare under penalty of perjury  | that the information o   | n this sta  | atement and i     | n any atta  | chments is tru       | ue and corr  | ect.        |
|      | χ /s/ Loique Valdez Tchio Dega   |  |             |                   |             |                      |              |             |
|      | Loique Valdez Tchio Dega   |  |             |                   |             |                      |              |             |
|      | Signature of Debtor 1  |  |             |                   |             |                      |              |             |
|      | Date April 16, 2019 MM / DD / YYYY   |  |             |                   |             |                      |              |             |
|      | If you checked line 14a, do NOT fill out or file Forn  | n 122A-2.  |             |                   |             |                      |              |             |
|      | If you checked line 14b, fill out Form 122A-2 and fi   |  |             |                   |             |                      |              |             |
|      | ii you oncored iine 170, iiii out i oiiii 122A-2 and ii  | io it with this lotti.   |             |                   |             |                      |              |             |

Debtor 1

### United States Bankruptcy Court NORTHERN DISTRICT OF GEORGIA - ATLANTA DIVISION

| In re                           | Loique Valdez Tchio Dega                 | Debtor(s)  | Case No.<br>Chapter | 7                     |
|---------------------------------|--|--|---------------------|-----------------------|
| VERIFICATION OF CREDITOR MATRIX |  |  |                     |                       |
| The abo                         | ve-named Debtor hereby verifies that the | e attached list of creditors is true and corre           | ect to the best     | of his/her knowledge. |
| Date:                           | April 16, 2019                           | /s/ Loique Valdez Tchio Dega<br>Loique Valdez Tchio Dega |                     |                       |
|                                 |  | Signature of Debtor                                      |                     |                       |

Bank Of America 4909 Savarese Circle F11-908-01-50 Tampa, FL 33634

Bridgecrest Credit Company, LLC Reg. Agent: Corporation Service Company 40 Technology Parkway South Suite 300 Norcross, GA 30092

Citicards Cbna Citi Bank Po Box 6077 Sioux Falls, SD 57117

Discover Bank Roger Crosby Hochschild, CEO 502 E. Market Street Greenwood, DE 19950

Discover Financial Attn: Bankruptcy Department Po Box 15316 Wilmington, DE 19850

Frederick J. Hanna & Associates, P.C. c/o Frederick J. Hanna & Associates PC 2253 Northwest Parkway Marietta, GA 30067

Georgia Department of Revenue Compliance Division ARCS Bankruptcy 1800 Century BLVD NE Suite 9100 Atlanta, GA 30345-3202

IRS
401 W. Peachtree St., NW
Stop #334-D
Room 400
Atlanta, GA 30308

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

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MSC Investment LLC Reg Ag. Corporation Service Company 40 Technology Pkwy South, #300 Norcross, GA 30092

Progressing Leasing 5651 W Talavi Blvd Glendale, AZ 85306

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$75          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$335         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.